



Form approved
OMB Control No: 0970-0497
Expiration Date: 04/30/20

MATHEMATICA Policy Research

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

PARTICIPANT EXIT SURVEY

Thank you for your help with this important study. This survey includes questions about your family, friends, school, and also your attitudes and behaviors. Your name will not be on the survey and your responses will remain private to the extent permitted by law. We want you to know that:

1. Your participation in this survey is voluntary.
2. We hope that you will answer all of the questions, but you may skip any questions you do not wish to answer.
3. The answers you give will be kept private to the extent permitted by law.

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The information collected will help policy makers, program providers and other stakeholders understand the experiences of youth today and identify ways to reduce risky behaviors. This information will also inform programs on how best to serve their participants. The collection of this information is voluntary and responses will be kept private to the extent allowed by law. The OMB number for this information collection is 0970-0497 and the expiration date is 04/30/2020.

General Instructions

PLEASE READ EACH QUESTION CAREFULLY: There are different ways to answer the questions in this survey. It is important that you follow the instructions when answering each kind of question.

- PLEASE MARK ALL ANSWERS WITHIN THE WHITE BOXES PROVIDED.
- USE A PEN OR PENCIL.

Based on your response to some of the questions, you may be instructed to skip over other questions:

EXAMPLE: QUESTION WITH A SKIP

1. Do you ever eat chocolate?

MARK (X) ONE

Yes

No  **GO TO QUESTION 3**

- Because you answered “Yes” to question 1, you would continue to question 2 and then question 3.
- If you answered “No” to question 1, you would skip question 2 and go right to question 3.

2. Do you always brush your teeth after eating chocolate?

MARK (X) ONE

Yes

No

3. Did you do any of the following last week?

YOU MAY MARK (X) MORE THAN ONE ANSWER

Went to a play

Went to a movie

Attended a sporting event

Site ID: _____

Participant ID: _____

Please answer the following questions as best you can. This first set of questions are about you.

1. How old are you?

MARK ONLY ONE ANSWER

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21 or older

2. What grade are you in? (If you are currently on vacation or in summer school, indicate the grade you will be in when you go back to school.)

MARK ONLY ONE ANSWER

- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- My school does not assign grade levels
- I dropped out of school, and I am not working on getting a high school diploma or GED
- I am working toward a GED
- I have a high school diploma or GED but I am not currently enrolled in college or technical school

- I have a high school diploma or GED and I am currently enrolled in college or technical school

3. When you are at home or with your family, what language or languages do you usually speak?

MARK ALL THAT APPLY

- English
- Spanish
- Other (please specify) _____

4. What is your race?

MARK ALL THAT APPLY

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

5. Are you Hispanic or Latino?

MARK YES OR NO

- Yes
- No

6. What sex were you assigned at birth, on your original birth certificate?

- Male
- Female

7. Are you currently...?

MARK ALL THAT APPLY

- In foster care, living with a family
- In foster care, living in a group home
- Couch surfing or moving from house to house
- Living in a place not meant to be a residence, such as outside, in a tent city or homeless camp, in a car, in an abandoned vehicle or in an abandoned building
- Staying in an emergency shelter, transitional living program, or motel
- In juvenile detention, jail, prison or another correctional facility, or under the supervision of a probation officer
- None of the above

The next questions ask you about your experiences in the program that you just completed. Think about all of the sessions or classes of the program that you attended.

8. Even if you didn't attend all of the sessions or classes in this program, how often in this program...

MARK ONLY ONE ANSWER PER ROW

| | All of the Time | Most of the Time | Some of the Time | None of the Time |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. did you feel interested in program sessions and classes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. did you feel the material presented was clear? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. did discussions or activities help you to learn program lessons? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. did you have a chance to ask questions about topics or issues that came up in the program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. did you feel respected as a person?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Now that the program is complete, how often would you say you...

MARK ONLY ONE ANSWER PER ROW

| | All of the Time | Most of the Time | Some of the Time | None of the Time |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. resist or say no to peer pressure?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. know how to manage stress?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. manage conflict without causing more conflict?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. have friendships that keep you out of trouble?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. are respectful towards others?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. manage money carefully, such as making a budget, saving, or investing?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. care about doing well in school?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. share ideas or talked about things that really matter with a parent/guardian?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. make healthy choices about drugs and alcohol?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. are the best that you could be?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. How likely are you to...?

MARK ONLY ONE ANSWER PER ROW

| | Very Likely | Somewhat Likely | Not Sure | Somewhat Unlikely | Very Unlikely |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. make plans to reach your goals?..... | <input type="checkbox"/> |
| b. get more education after high school?..... | <input type="checkbox"/> |
| c. get a steady job after you finish school?..... | <input type="checkbox"/> |

The next questions ask about sexual intercourse and your risk of pregnancy and sexually transmitted diseases. Please respond, even if you are not planning on having sex in the next 6 months.

11. Have you ever had sexual intercourse?

MARK YES OR NO

Yes

No

12. If you have the chance, do you intend to have sexual intercourse in the next 6 months?

MARK ONLY ONE ANSWER

Yes, definitely

Yes, probably

No, probably not

No, definitely not

13. Do you intend to use (or ask your partner to use) any of these methods of birth control, if you were to have sexual intercourse in the next 6 months? *By birth control, we mean using birth control pills, condoms, the shot (Depo Provera), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), or implant (Implanon).*

MARK ONLY ONE ANSWER

Yes, definitely

Yes, probably

No, probably not

No, definitely not

I will abstain from sexual intercourse (choose not to have sex) in the next 6 months

14. Do you intend to use (or ask your partner to use) a condom if you were to have sexual intercourse in the next 6 months?

MARK ONLY ONE ANSWER

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not
- I will abstain from sexual intercourse (choose not to have sex) in the next 6 months

Thank you for participating in this survey!